

Entered -4-26-00 - sb
CL 00L0248 - GWENDOLYN BURNS

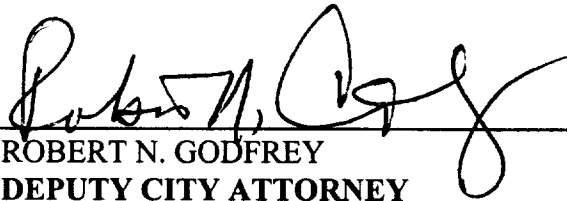
CLAIM OF:

SAMMY L. GILSTRAP
345 Cascade Rise Court
Atlanta, Georgia 30331

01-*R*-0283

For vehicular damages alleged to have been sustained as a result of driving over debris that was left in the roadway on December 10, 1999 at the intersection of Cascade Road, SW & Interstate 285.

THIS ADVERSED REPORT IS
APPROVED

BY: 

ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0248

Date: February 13, 2001

Claimant /Victim SAMMY GILSTRAP

BY: (Atty) (Ins. Co.)

Address: 345 Cascade Rise Court, Atlanta, Georgia 30331

Subrogation: Claim for damages \$ 3,546.11 Bodily Injury \$

Date of Notice: 3/29/00 Method: Written, Proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/10/99 Place: Cascade Road, SW & Interstate 285

Department PUBLIC WORKS Division Street

Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that he sustained vehicular damage when he drove over cement bags that were left in the roadway. An investigation determined that the City did not have notice of the debris in the street prior to the incident date. The City is immune from liability.

INVESTIGATION:

Statements: City employee X Claimant Others Written Oral X

Pictures Diagrams Reports: Police Dept Report Other X

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial


Improper Notice More than Six Months Other X Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager: Concur/date 02/15/01

Committee Action: Council Action

BURNS
04/20/00
QuCOUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: _____

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ENTERED - 04/26/00 - tew
00L0248 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3,546.11 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 12 10 99 (month/day/ year) 2. Time of Incident: 6:30 AM 3. Police called: inter. 285 Yes ☒ No ☐
4. Location of incident (including street address): CASCADE Rd.
5. Name of your insurance company: Progressive Casualty Ins. Co. Policy No. 30838927-0
6. State what and how incident occurred: going to work driving down Cascade Rd + 09th 285 inter section when there were big cement rock hardenings left in street I drove over them and knock a wheel in my engine oil pan
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 1989 Mercedes (Make) 1989 (Year) 300E (Tag Number) Sammy L. Gilstrap (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: 1. The City came out and clean & pick up the hard cement rock.
2. AAA Auto Club - Tucker (Address) GA. (Telephone Number) 770-439-7520
3. Lynch Coastal Service 3450 Cascade Rd 125 404-696-4262 - Milton Lynch
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sammy L. Gilstrap
Signature of Claimant
Sammy L. Gilstrap

Sammy L. Gilstrap
(Print Claimant's Name)
345 Cascade Rise Ct
(Address)
Atlanta, GA. 30331
(City, State and Zip Code)
(404) 892-4231
(Work Number) (404) 62-9516
(Home Number)

01-P-0283

(Pg) (4) 62-9516 (40)